

VALIDATION OF PUBLIC OR COMMUNITY SERVICE EMPLOYMENT <i>(Read Instructions on back before completing form.)</i>		REPORT CONTROL SYMBOL <i>Form Approved</i> <i>OMB No. 0704-0357</i> <i>Expires Dec 31, 2002</i>	
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0357), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO: DMDC, ATTN: OPERATION TRANSITION, TERA DESK, 400 GIGLING ROAD, SEASIDE, CA 93955-6771			
PRIVACY ACT STATEMENT		GOVERNMENT USE ONLY	
AUTHORITY: Public Law 102-484, Section 4464, October 23, 1992; Public Law 103-337, Section 542; E.O. 9397. PRINCIPAL PURPOSE(S): To provide certification of full-time public and community service employment. Full-time employment is defined by the employing organization. Information on this form will be used to verify employment status. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, if information is not provided, no further action can be taken to certify public or community service for increased retirement benefit.			
SECTION I - TO BE COMPLETED BY MILITARY RETIREE			
1. NAME (LAST, First, Middle Initial) 3. TELEPHONE NUMBER (Include Area Code) a. HOME b. DAYTIME		2. CURRENT HOME ADDRESS <i>(X if new address)</i> a. STREET <i>(Include apartment number)</i> b. CITY c. STATE d. 9-DIGIT ZIP CODE	
4. SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>		5. BRANCH OF SERVICE (X one) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ARMY </div> <div style="text-align: center;"> <input type="checkbox"/> NAVY </div> <div style="text-align: center;"> <input type="checkbox"/> AIR FORCE </div> <div style="text-align: center;"> <input type="checkbox"/> MARINE CORPS </div> <div style="text-align: center;"> <input type="checkbox"/> COAST GUARD </div> </div>	
6. DATE OF RETIREMENT (YYYYMMDD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		7. TYPE OF EMPLOYMENT REPORTED (X as appropriate) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> NEW </div> <div style="text-align: center;"> <input type="checkbox"/> END OF JOB </div> <div style="text-align: center;"> <input type="checkbox"/> ANNUAL </div> <div style="text-align: center;"> <input type="checkbox"/> FINAL </div> </div>	
8. HAVE YOU SERVED ON ACTIVE DUTY SINCE THE BEGINNING OF THIS PERIOD OF QUALIFYING EMPLOYMENT OR SINCE YOU LAST SUBMITTED A DD FORM 2676, WHICHEVER IS LATER? (X one)		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> YES </div> <div style="text-align: center;"> <input type="checkbox"/> NO </div> </div>	
SECTION II - TO BE COMPLETED BY EMPLOYER			
9. INFORMATION ON EMPLOYING ORGANIZATION			
a. PUBLIC/COMMUNITY SERVICE REGISTRY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		b. NAME OF ORGANIZATION <input style="width: 100%;" type="text"/>	
c. ADDRESS (1) STREET (Include apartment or suite number) (2) CITY		d. TELEPHONE (Include Area Code) (1) OFFICE NUMBER (3) STATE (4) 9-DIGIT ZIP CODE (2) FAX NUMBER	
10. DATES OF QUALIFYING PERIODS OF FULL-TIME EMPLOYMENT			
a. BEGINNING DATE (YYYYMMDD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		b. ENDING DATE (YYYYMMDD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
11. CERTIFICATION OF EMPLOYER I understand the intent of the certification of public and community service employment of military retirees as provided by Public Law 102-484, Section 4464, October 1992, and Public Law 103-337, Section 542. I certify the full-time paid employment of the employee for the dates indicated, and that this organization is a registered public or community service organization.			
a. TYPED/PRINTED NAME OF CERTIFIER <input style="width: 100%;" type="text"/>		b. TITLE <input style="width: 100%;" type="text"/>	
c. SIGNATURE <input style="width: 100%;" type="text"/>		d. DATE (YYYYMMDD) <input style="width: 100%;" type="text"/>	
SECTION III - TO BE COMPLETED BY SERVICE RETIREE			
12. CERTIFICATION OF MILITARY OR COAST GUARD RETIREE/AUTHORIZATION TO RELEASE			
I certify that the information provided is true, accurate, and complete. I acknowledge that any false statement may be punishable pursuant to Section 1001 of Title 18, U.S.C. I authorize release of the information to the Defense Finance Accounting Service or the Coast Guard Pay Center.			
a. SIGNATURE <input style="width: 100%;" type="text"/>		b. DATE (YYYYMMDD) <input style="width: 100%;" type="text"/>	

INSTRUCTIONS FOR COMPLETING DD FORM 2676

This form collects information to be used to certify the public and community service employment of eligible retired members under Section 4464 of Public Law 102-484 (1992) and Public Law 103-337, Section 542. Such certified employment may be used to recompute military retired pay and, where applicable, the Survivor Benefit Plan (SBP) base amount when the retired member attains or would have attained 62 years of age.

A retiree shall receive military service credit for all qualifying periods of employment during the enhanced retirement qualification period, which begins on the date of retirement and ends on the date the retired member would have attained 20 years of creditable service for retirement purposes. A qualifying period of employment shall meet the following conditions:

(1) The employing organization provides or coordinates the provision of public or community services and is listed on the Registry of Public and Community Service Organizations maintained by the Department of Defense.

(2) The employment is full-time, as defined by the employing organization. Typically, full-time is defined as a minimum of 33 hours per week or 143 hours per month, including paid holidays and paid periods of leave or vacation.

(3) The employee is paid.

The intent of the form is to ensure that the retiree is able to furnish validated proof of employment. Submission is required as follows:

(1) At the beginning of a qualified period of employment, unless the expected period of employment is less than 3 months;

(2) At the end of a qualifying period of employment or the end of the enhanced retirement qualification period, whichever comes first; and

(3) Annually during a qualifying period of employment on the anniversary of the date of retirement, unless this date is within 3 months of either of the dates defined by (1) and (2), above.

In the event of the physical or mental incapacitation or death of the retiree, the completed DD Form 2676 may be submitted by anyone acting on behalf of the retiree. The title of the signatory shall be included in Section III, Item 12.a.

ALL ITEMS MUST BE COMPLETED.

SECTION I - TO BE COMPLETED BY MILITARY RETIREE

1. Print/type your name (LAST, First, Middle Initial).
2. and 3. Enter your current address (include apartment number) and home telephone number, as well as a daytime telephone number.
4. Enter your Social Security Number.
5. Branch of Service. Check applicable box.
6. Enter the date you retired (use year, month, day format, i.e., January 31, 1999 - 19990131).

SECTION I - TO BE COMPLETED BY MILITARY RETIREE (Continued)

7. Type of employment being reported. Check the box that applies:

NEW - If this form reports the beginning of a new period of employment.

END OF JOB - If this form reports end of job information while still in the enhanced retirement qualification period.

ANNUAL - If this form reports continuing employment.

FINAL - If this form reports completion of reporting requirements and is the last report at the conclusion of enhanced retirement qualification period.

8. Check YES or NO to indicate if you were on active duty during the period covered in this report. (The Defense Manpower Data Center will authenticate dates of active duty service from Military Service files.)

SECTION II - TO BE COMPLETED BY EMPLOYER

9. Information on the Employing Organization:

a. Enter Public or Community Service Registry number. If you do not have a registry number, leave blank. To obtain a registry number, write to DMDC, ATTN: Operation Transition, TERA Desk, 400 Gigling Road, Seaside, CA 93955-6771.

b. Enter the organization's name.

c. Enter the organization's address.

d. Enter the organization's telephone number (fax number is optional).

10. Enter dates of qualifying periods of employment:

a. Beginning date. If NEW, ANNUAL, END OF JOB, or FINAL, enter the date employment began.

b. Ending date. If NEW or ANNUAL, enter date form is signed. For NEW, this may only be a day's time; however, full creditable time will be established on subsequent reports. For END OF JOB, use date employment ended. For FINAL, enter the date that ends reporting requirement for creditable employment.

11. a. and b. Type or print the name and title of the certifier of the form.

c. Signature of certifier.

d. Enter the date the form is signed in year, month, and day format.

SECTION III - TO BE COMPLETED BY SERVICE RETIREE

12. Certification of Military or Coast Guard Retiree. Sign and date your certification. Enter the date in YYYYMMDD format.